PTO/SB/06 (08-03)

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Substitute for Form PTO-875										7.504016			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTIT									OR	ER THAN L ENTITY			
FOR NUMBER FILED				NUM	NUMBER EXTRA PATE			T	7		7		
	SIC FEE CFR 1.16(a))					1	RATE	705 d	1	RATE	FEE		
TC	TAL CLAIMS					┨.		305.0	OR		\$790.0		
	CFR 1.16(c)) DEPENDENT CLA	IMS	minus :	· · · · · · · · · · · · · · · · · · ·]	x <u>s 25</u> =	1.	OR	x \$ <u>50</u> =				
	CFR 1.16(b))		minus 3 = •				x s/00 =		OR	x \$200 =	1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1_16(d))							+3/80=		ÓR	+360	 		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	1		
Ι,	2/20/0	CLAIMS AS AN	D - PART II	•									
	<u> 190 IU</u>	CLAIMS		(Column 2)			SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL		
≧	(37 CFR 1.16(o))	03	Minus .	1 40	/	l	x 25	•	;	x: 50	FEE		
MEN	Independent (37 CFR 1.16(b))]. 3	Minus	5			xs/00		OR . OR	× 200			
¥	FIRST PRESEN	TATION OF MULTIPL	E DEPENO	ENT CLAIM (37 C	FR 1.16(d))		+180		OR	+260	. :		
							TOTAL			TOTAL			
		(Column 1)		(Column 2)	(Column 3)		ADD'L FEE		OR	ADD'L FEE			
ENT B	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	(37 CPR 1.16(c))		Minus	"	= .		25]	,	00	× \$50			
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<u>₹</u>	FIRST PRESENT	TATION OF MULTIPL		1.180		OR	+5200						
							TOTAL VOO'L FEE		OR	TOTAL ADD'L FEE			
		(Column 1)	,	(Column 2)	(Column 3)				•				
IENT C	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
2	. (37 CFR 1.16(c))		Minus		≖, .	l'x	125		OR	×1.50			
AMENDME	Independent (37 CFR 1.16(b))		Minus	***	=	×	100		OR .	× 200			
٧	FIRST PRESENT	ATION OF MULTIPLE	L	\$180		OR .	+ \$200						
	s if the entry in $oldsymbol{lpha}$	olumn 1 is less tha	n the entr	in column 2 .write	OTAL DO'L FEE		OR _	TOTAL ADD'L FEE					
the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A.				Application or Dock Number								
	PATENT A											
		flecti	re Decemb	09/599015								
CLAIMS AS FILED - PART I									ENTITY		OTHER	THAN
(Column 1) (Column 2)								35	<u> </u>	OR	SMALL	MITTY
FOR			NUMB	MBER FILED NUMBER EXTRA				E	FEE		RATE	FEE
BASIC FEE								345.00	OR		690.00	
TOTAL CLAIMS			3	7 minus 2	minus 20= 17			X\$ 9=		OR	X\$18=	₹06.00
INDEPENDENT CLAIMS			5 minus 3 = 1: 2				X39=		ОЯ	X78=	56.00	
MUI	MULTIPLE DEPENDENT CLAIM PRESENT									OR	+260=	
. #1	* If the difference in column 1 is less than zero, enter "O" in column 2									OR	TOTAL	11520
0	Q 17 A4 (Column 1) (Column 2) (Column 3)								ENTITY	OR.	OTHER SMALL	
MA		REMA	UMS UNING TER OMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA*	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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C	5/12/05(Column 1) (Column 2) (Column 3)						ADOIT.	PEE	7.5		AUUI. PEE	
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Ē		AF	aining Ter Idment		PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	TIONAL • FEE		RATE	TIONAL
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-	, Q.N2	•				•	ADOIT	OYAL		ОЯ	YOYAL ADDIT, FEE	150
17	71505 (Column 1) (Column 2) (Column 3)								•	_		
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D.		A	aneng FTER KOMEN		PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL
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L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	1		100	
			–			·A	+13			OR	+260-	
2 -	وبلا استطبالك عباداة	-Bar Dr	العجام	Paid For IN TH	uren 2, write V in o	an 20: aalay "20."	ADDIT	OYAL FEE		OR	ADDIT. FEE	
1-	M Mrs Windows Ab.			. Padd For' IN TH	IS SPACE is less the tradependent) is the	an 3. aniar "3."				ns pp oc	objenn 1.	
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